PARTICIPANT TYPE	Pregnant, Breastfeeding, Delivered Women
HIGH RISK	No

RISK DESCRIPTION:

The cut-off values are listed in the table below:

Category	Cut-Off Value
Pregnant	Prepregnancy BMI ≥ 25.0
Delivered	Prepregnancy BMI ≥ 25.0
Breastfeeding and < 6 months postpartum	Prepregnancy BMI > 25.0
Breastfeeding and ≥ 6 months postpartum	Current BMI ≥ 25.0

<u>Notes</u>: Until research supports the use of different BMI cut-offs to determine weight status categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age.

Weight during the early postpartum period, when most WIC certifications occur, is very unstable. Therefore, prepregnancy weight is a better indicator of weight status than postpartum weight in the first 6 months after delivery. The one exception is breastfeeding women who are 6 months or more postpartum. Current weight is used to assess their status.

ASK ABOUT:

- Weight history, dieting history, body image
- Typical meal and snack intake including beverages
- Physical activity patterns
- Knowledge, attitude and barriers to physical activity (e.g., safety concerns, time constraints, access to facilities, self-motivation/management skills)
- Chronic medical conditions and medications affecting intake and physical activity including depression

NUTRITION COUNSELING/EDUCATION TOPICS:

Pregnant Women:

 Women who are overweight or obese at conception have higher rates of cesarean delivery, gestational diabetes, preeclampsia and other pregnancyinduced hypertensive disorders, and postpartum anemia. Studies have also established a relationship between obesity and increased risk for dyslipidemia, diabetes, cholelithiasis, heart disease, osteoarthritis, sleep apnea, stroke and certain cancers.

NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Review appropriate weight gain goal and discuss the participant's current weight gain as it relates to that goal.
- If she appears to be reluctant to gain any additional weight during pregnancy, emphasize that a moderate weight gain is appropriate. Weight loss is not recommended during pregnancy.
- Emphasize the importance of keeping all of her prenatal appointments for monitoring her pregnancy.

• Breastfeeding and Delivered Women:

- Offer encouragement and suggest that now is a good time to set goals for reaching a healthy weight. Discuss a healthy weight range for her height and help her set a long-term goal. Losing weight can help her feel better, take better care of her baby, and reduce her risk for diabetes, high blood pressure, and heart disease.
- Achieving a desirable weight is also important for future pregnancies. Women
 who are overweight during pregnancy and delivery have more complications.
 Studies also indicate that overweight and obese women are at higher risk of
 having children with major birth defects including spina bifida and anencephaly.
- Recommend losing weight at a slow, healthy rate (1-2 pounds per week).
 Emphasize that quick weight loss schemes can be dangerous and they generally don't have lasting results, if any.

• All Women:

- Review the basics for a healthy diet using MyPyramid as the foundation. Make appropriate suggestions, such as:
 - Eat moderate serving sizes.
 - Include plenty of fresh fruits and vegetables.
 - Use low-fat cooking methods and ingredients.
 - Avoid fried foods, high-fat foods and empty-calorie foods and drinks.
 - Drink fat-free or low-fat (1%) milk.
- o Provide tips for selecting WIC foods that are moderate in calories and fat.
- Identify healthy foods (i.e., low fat and low in added sugar) to have on hand for quick and easy meals and snacks.
- Suggest increasing activity level (e.g, daily walks) with physician's approval.

Possible Referrals:

- If she is postpartum and interested in group support for weight loss, refer her to community programs and resources.
- If her physician approves of increasing her activity level, refer her to community resources, programs and facilities focusing on physical activity.